

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2368

STATE FILE NUMBER

=62-033079

VS 300  
Rev. 4/59

DATE AMENDED

9/13/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

18b pulmonary emboli  
18c Thrombi of atrial appendages.  
Due to ASHD

DOCUMENT  
BY AFFIDAVIT of Attending physician

MEDICAL CERTIFICATION

LED SEP 4 1962

1. PLACE OF DEATH  
a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

KOCH

Length of stay in 1b.

32 days

c. CITY  
OR TOWN

ST. LOUIS

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Robert Koch Hosp

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5643 LOTUS

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Royston H. BASS

4. DATE  
OF DEATH

Month Day Year  
Aug 12 1962

5. SEX

M

6. COLOR OR RACE

N

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/6/05

9. AGE (last birthday)

56

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Luke Bass

13b. MOTHER'S MAIDEN NAME

Georgia Morris

14. NAME OF HUSBAND OR WIFE

Acquilla Hudson/Bass

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv

No

No

16. SOCIAL SECURITY NO.

7

17. INFORMANT

Acquilla Bass 5643 Lotus

Address

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY INFARCTS

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Pulmonary emboli

DUE TO (c)

Thrombi of atrial appendages. (Due to arteriosclerotic heart disease)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/9/1962 to 8/12/1962 and last saw her alive on 8/12/1962  
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Bernard Friedman, M.D.

22b. ADDRESS

Koch Hosp, Koch Mo.

22c. DATE SIGNED

8-12-62

23a. BURIAL, CREMATION,  
OR OTHER (Specify)

23b. DATE

Aug. 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis County

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.D. France 1221 N. Grand Blvd

25. DATE RECD. BY LOCAL REG.

8-15-62

26. REGISTRAR'S SIGNATURE

John M. Maffey M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Melvin Blackburn*  
Licensed Embalmer No. 3962  
P. O. Address 1221 W. Second St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.